

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Transfer of Placement and
Notice of Transfer by**

☐ Guardian

☐ Placement Facility

Date of Birth _____

Case No. _____

Ward's placement is being transferred by:

☐ guardian

☐ placement facility

☐ with 24 hours prior written notice of the transfer to the guardian, when feasible

☐ with written notice to the guardian immediately upon transfer

with notice to the court and appropriate board or agency within a reasonable time, not to exceed 48 hours from the time of transfer. This transfer will occur or has occurred at _____ ☐ (am) ☐ (pm) on _____, 20__.

Placement is being transferred

FROM

(Name, address, telephone number of placement unit):

TO

(Name, address, telephone number of placement unit):

This is a transfer:

☐ to a less restrictive environment.

☐ between placement units or from a placement unit to a medical facility and is **not** a transfer to a more restrictive placement or facility providing acute psychiatric treatment.

☐ to a more restrictive placement, which is **not** a facility providing acute psychiatric treatment, in:

☐ an unlocked unit.

☐ a locked unit.

☐ This is a ward with a developmental disability and this transfer is:

☐ to an intermediate care facility or nursing facility and notice is being provided to the home or community-based care plan development agency.

☐ to a noninstitutional community setting.

Reasons for transfer:

☐ see attached

Guardian/Placement Facility Representative Signature

Name Printed or Typed

Dated

Original: Court

Copies: Ward

Guardian

Placement Units

Appropriate Board or Agency

Plan Development Agency